IPDR6702				NORTH CAROLINA		PAGE:	1	
	02/12/2006		IPRS	CHECKWRITE SUMMARY REPORT		PAGE:	1	
			CHE	CKWRITE DATE: 02/14/2006				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL	NUMBER OF	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	11093	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		8800	79	FURTHER PROCESSING NECESSARY,	9	11181	11181	0
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8935	5	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404904	WESTERN HIGHLAN	8537	15	PROCEDURE IS NOT PAYABLE FOR Y				
	DS LME			OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
		191	13	CLIENT ID NUMBER DOES NOT MATC		34	6777	6743
				H PATIENT NAME		34	6///	0/43
		21	2	DUPLICATE OF CLAIM-SYSTEM				
3404910		8505	6071	CLAIM DENIED DUE TO INSUFFICIE	<u> </u>			
3404910	PATHWAYS	8505	00/1	NT BUDGET				
		8800	477	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	1	6933	8189	1246
				FUTURE RA'S.				
		8537	182	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
3404912	CATAWBA COUNTYM	21	377	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		8931	163	AMTNC INELIGIBLE TO RECEIVE SE	184	637	2991	2354
				RVICES IN IPRS.				
		8599	35	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404913	MECKLENBURG COM	11	1	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		0	0		C	1	1	0
		0	0		C	1	1	0
3404916	CD000000000000000000000000000000000000	0	0	*** NO DATA TO REPORT ***	C	1	1	0
3404916	CROSSROADS BEHA VIORAL HEAL	0	0	*** NO DATA TO REPORT ***	C	1	1	0
3404916	CROSSROADS BEHA VIORAL HEAL	0	0	*** NO DATA TO REPORT ***	C	1	1	0
3404916		0	0	*** NO DATA TO REPORT ***	C		1	0
3404916		0	0	*** NO DATA TO REPORT ***	C	0	1	0
		0	0		C		1	0
3404916	VIORAL HEAL  CENTERPOINT HUM	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	CLAIM DENIED DUE TO INSUFFICIE	(		1	0
	VIORAL HEAL	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 411		C		0	0
	VIORAL HEAL  CENTERPOINT HUM	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	C		0	0
	VIORAL HEAL  CENTERPOINT HUM	0 0 0 0 8505	0 0 0 411	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  THIS SERVICE IS NOT PAYABLE TO	(	0		0
	VIORAL HEAL  CENTERPOINT HUM			CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	C C	0		0
	VIORAL HEAL  CENTERPOINT HUM			CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  THIS SERVICE IS NOT PAYABLE TO	C C	0		0
	VIORAL HEAL  CENTERPOINT HUM			CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING FROVIDER TYPE AND SPECIALTY IN  CLAIM DENIED, SUBMITTED BEYOND	C 3C	0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	VIORAL HEAL  CENTERPOINT HUM	79	111	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR	(	0		0
	VIORAL HEAL  CENTERPOINT HUM	79	111	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING FROVIDER TYPE AND SPECIALTY IN  CLAIM DENIED, SUBMITTED BEYOND	(	0		C C
	VIORAL HEAL  CENTERPOINT HUM	79	111	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR	C C	0		2723
3404917	VIORAL HEAL  CENTERPOINT HUM AN SERVICES	79	111	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 – JUNE	30	0		0
3404917	CENTERPOINT HUM AN SERVICES	79	111	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 – JUNE	3(	0		0
3404917	CENTERPOINT HUM AN SERVICES	79	111	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 – JUNE	3(	655	3378	2723
3404917	CENTERPOINT HUM AN SERVICES	79	111	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 – JUNE		655	3378	

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	21	19	DUPLICATE OF CLAIM-SYSTEM				
	TAL HEALTHC							
		8599	18	DETAIL NOT COVERED BY COMBINAT	0	43	223	180
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		5404	5	SEVERE DUPLICATE: SAME ATTO PR				
				OV/PCODE/TOS/DOS/MOD				
2101000		2525	2200					
3404920	ALAMANCE CASWEL	8505	3309	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	L AREA MH D			NI DODGET				
		79	187	THIS SERVICE IS NOT PAYABLE TO	17	3654	5329	1675
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		E404	61	OFFICE PAINT TOWNS . CAME AMED DO				
		5404	0.1	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
	1	1			+	<del>                                     </del>		
					<del>                                     </del>			
3404921	ORANGE PERSON C	8505	813	CLAIM DENIED DUE TO INSUFFICIE	1			
	HATHAM AREA			NT BUDGET				
		8800	192	ETIDRUED DDOCECCTMC MECECCADY				
			± 34	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	15	1394	4466	3072
				FUTURE RA'S.	+	<del>                                     </del>		
		8599	190	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404922		8599	864	DETAIL NOT COVERED BY COMBINAT				
3404322	THE DURHAM CENT ER	6399	004	ION OF RECIPIENT, PROVIDER AND				
	LK			BENEFIT PACKAGE.				
		8329	393	CLAIM DENIED ATTENDING PROVIDE	47	1972	9168	7196
				R CANNOT BE THE SAME AS				
				THE LMA				
		8535	262	SERVICE FACILITY LOCATION WAS				
				NOT INCLUDED IN YOUR 837.				
				PLEASE RESUBMIT YOUR CLAIM WIT				
3404923	FIVE COUNTY MH	11	291	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		8599	40	DETAIL NOT COVERED BY COMBINAT	1	400	2450	2045
		8599	40	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	1	408	2450	2042
		8599	40	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	408	2450	2042
			40	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	408	2450	2042
		8599	40	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO P	1	408	2450	2042
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	408	2450	2042
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO P	1	408	2450	2042
3404925	SANDHILS CENTE			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO P	1	408	2450	2042
3404925	SANDHILLS CENTE R FOR NH/DD	8000	30	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	1	408	2450	2042
3404925	SANDHILLS CENTE R FOR MH/DD	8000	30	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  CLAIM DENIED DUE TO INSUFFICIE	1	408	2450	2042
3404925		8000	30	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET	1	408	2450	2042
3404925		8000	30	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  CLAIM DENIED DUE TO INSUFFICIE	102			
3404925		8000	30	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET	102			
3404925		8000	30	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET	102			
3404925		8000	30	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET	102			
3404925		8505 21	2468 245	ION OF RECIPIENT, PROVIDER AND BENETIF PACKAGE.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DUPLICATE OF CLAIM-SYSTEM	102			
3404925		8505 21	2468 245	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT	102			
	R FOR MH/DD	8505 8505 21 8599	2468 245 205	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	102			
	R FOR MH/DD	8505 21	2468 245	ION OF RECIPIENT, PROVIDER AND BENETI PACKAGE.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT	102			
3404925	R FOR MH/DD	8505 8505 21 8599	2468 245 205	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	102			
	R FOR MH/DD	8505 8505 21 8599	2468 245 205	ION OF RECIPIENT, PROVIDER AND BENETI PACKAGE.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT	102			
	R FOR MH/DD	8505 8505 21 8599	2468 245 205	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		3500	8105	4603
	R FOR MH/DD	8505 8505 21 8599	2468 245 245 205	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	102			
	R FOR MH/DD	8505 8505 21 8599	2468 245 245 205	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		3500	8105	4603
	R FOR MH/DD	8505 21 8599 8599	2468 245 205 272	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		3500	8105	4603
	R FOR MH/DD	8505 8505 21 8599	2468 245 245 205	ION OF RECIPIENT, PROVIDER AND BENNETI PACKAGE.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  AMTNC INELIGIBLE TO RECEIVE SE		3500	8105	4603
	R FOR MH/DD	8505 21 8599 8599	2468 245 205 272	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		3500	8105	4603

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404927	CUMBERLAND CO M	8505	1218	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		8599	111	DETAIL NOT COVERED BY COMBINAT	0	1609	4118	250
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	100	DUPLICATE OF CLAIM-SYSTEM				
3404929	LEE HARNETT MH/	U	U	*** NO DATA TO REPORT ***				
	DD/SAS							
		0	0			_	_	
		0	0		0	0	0	-
3404930		8505	177	CIAIM DENIED DUE TO INCHESTORS				
3404930	JOHNSTON COUNTY	0303	277	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	MNTL HLTHC	+		No. of the second secon				
		+						<del>                                     </del>
		8800	25	FURTHER PROCESSING NECESSARY,	-			-
				PLEASE CHECK FOR CLAIM ON	2	220	310	9
		+		FUTURE RA'S.	1	1		
		+						
		10	8	DIAGNOSIS OR SERVICE INVALID F	1	1		
		+ -	-	OR CLIENT AGE. VERIFY CID,	1	1		
	1	+		DIAGNOSIS, PROCEDURE CODE FOR				
		+		.,	1	1		
3404931	MAKE OF THE ONE	11	107	CLIENT NOT ELIGIBLE ON SERVICE				
	WAKE CO HUM SVC			DATE				
	BILLING OF							
	-							
		8621	50	60 RESIDENTIAL LEVEL III TREAT	17	344	2939	259
				MENT RECEIVED, PA IS REQUIRED	17	244	2333	233
				FOR ADDITIONAL SERVICE.				
		8599	42	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404933	SOUTHEASTERN CT	8599	614	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		79	63	THIS SERVICE IS NOT PAYABLE TO	17	757	2871	211
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8536	22	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		1	<u> </u>	<u> </u>				
3404934	ONSLOW CARTERET	8599	55	DETAIL NOT COVERED BY COMBINAT				
	BEHAV HEAL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.			<u> </u>	
	1	1	_					
		8534	18	SERVICE FACILITY LOCATION IS N	7	160	649	48
		8534	18	OT A VALID IPRS ATTENDING	7	160	649	48
		8534	18		7	160	649	48
				OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	7	160	649	48
		8534 8518	18	OT A VALID IPSS ATTENDING PROVIDER. PLEASE VERIFY THE F CLAIM DENIED, SUBMITTED BEYOND	7	160	649	48:
				OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR	7	160	649	48
				OT A VALID IPSS ATTENDING PROVIDER. PLEASE VERIFY THE F CLAIM DENIED, SUBMITTED BEYOND	7	160	649	48
2404925				OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	7	160	649	48
3404935	MAYNE CO MENTAL			OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR	7	160	649	48
3404935	MAYNE CO MENTAL HEALTH CTR			OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	7	160	649	48
3404935				OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	7	160	649	48
3404935				OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	7			48
3404935				OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	7	160		48!
3404935				OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	7			481
	HEALTH CTR	0.000	0 0	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL VERA DOS (JULY 1 - JUNE  *** NO DATA TO REPORT ***	7			481
	HEALTH CTR  WILSON-GREENE M			OT A VALID IPRS ASTENDING PROVIDER. PLEASE VERIFY THE F  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  *** NO DATA TO REPORT ***  DETAIL NOT COVERED BY COMBINAT	7			48:
	HEALTH CTR	0.000	0 0	OT A VALID IFES ATTENDING FROVIDER. PLEASE VERIFY THE F  CLAIM DENIED, SUBMITTED BEYOND FILING THELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  *** NO DATA TO REPORT ***  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	7			48
	HEALTH CTR  WILSON-GREENE M	0.000	0 0	OT A VALID IPRS ASTENDING PROVIDER. PLEASE VERIFY THE F  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  *** NO DATA TO REPORT ***  DETAIL NOT COVERED BY COMBINAT	0			48
	HEALTH CTR  WILSON-GREENE M	0 0 8599	0 0	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  *** NO DATA TO REPORT ***  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	0	0	
	HEALTH CTR  WILSON-GREENE M	0.000	0	OT A VALID IFES ATTENDING PROVIDER. PLEASE VERIFY THE F  CLAIM DENIED, SUBMITTED BEYOND FILING THELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  *** NO DATA TO REPORT ***  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  AMTINC INELIGIBLE TO RECEIVE SE	0		0	
	HEALTH CTR  WILSON-GREENE M	0 0 8599	0	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  *** NO DATA TO REPORT ***  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0 0	0	0	
	HEALTH CTR  WILSON-GREENE M	0 0 8599	0	OT A VALID IFES ATTENDING PROVIDER. PLEASE VERIFY THE F  CLAIM DENIED, SUBMITTED BEYOND FILING THELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  *** NO DATA TO REPORT ***  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  AMTINC INELIGIBLE TO RECEIVE SE	0	0	0	
	HEALTH CTR  WILSON-GREENE M	9518 0 0 0 8599	0	OT A VALID IFRS ATTENDING FROVIDER, PLEASE VERIFY THE F  CLAIM DENIED, SUBMITTED BEYOND FILING THELIMIT, PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  *** NO DATA TO REPORT ***  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE.  AMTINC INELIGIBLE TO RECEIVE SE EVICES IN IPRS.	0	0	0	48:
3404935	HEALTH CTR  WILSON-GREENE M	0 0 8599	0	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  *** NO DATA TO REPORT ***  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  AMTNC INCLIGIBLE TO RECEIVE SE EVICES IN IPRS.  CLIENT ID NUMBER DOES NOT MATC	0 0	0	0	
	HEALTH CTR  WILSON-GREENE M	9518 0 0 0 8599	0	OT A VALID IFRS ATTENDING FROVIDER, PLEASE VERIFY THE F  CLAIM DENIED, SUBMITTED BEYOND FILING THELIMIT, PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  *** NO DATA TO REPORT ***  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE.  AMTINC INELIGIBLE TO RECEIVE SE EVICES IN IPRS.	0	0	0	

PROVIDER NUMBER							TOTAL	TOTAL
NUMBER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
2404027		0510	207					
3404937	EDGECOMBE NASH	8518	387	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR				
	MNTL HLTH C			FISCAL YEAR DOS (JULY 1 - JUNE				
		8000	16	NO RATE AVAILABLE ON FILE TO P	0	430	3280	2850
				RICE THIS CLAIM DETAIL	-			
		21	14	DUPLICATE OF CLAIM-SYSTEM				
3404938	VGFW DBA RIVERS	0	0	*** NO DATA TO REPORT ***				
3404330	TONE COUNSE			NO DILLI TO NELONI				
	TONE COUNSE							
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE	21	1076	DUPLICATE OF CLAIM-SYSTEM				
	ALTH CENTER							
		8505	232	CLAIM DENIED DUE TO INSUFFICIE		1500	2676	100
			+	NT BUDGET	0	1592	2676	1084
							<del>                                     </del>	
		8599	107	DETAIL NOT COVERED BY COMBINAT			1	
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404045		oron	200					
3404941	PITT CO MH/DD/S	8537	390	PROCEDURE IS NOT PAYABLE FOR Y				
	AS CENTER	1	<del>                                     </del>	OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN		1		
				SPECIALII IN ACCORDANCE TO MEN				
		8599	98	DETAIL NOT COVERED BY COMBINAT	19	805	2623	1818
				ION OF RECIPIENT, PROVIDER AND	13	803	2023	1010
				BENEFIT PACKAGE.				
		27	91	DIAGNOSIS CODE MISSING OR INVA				
				LID. VERIFY AND ENTER THE				
				CORRECT DIAGNOSIS CODE AND SUB				
3404942	ROANOKE CHOWANH	21	121	DUPLICATE OF CLAIM-SYSTEM				
	UMAN SERVIC							
		8599	48	DETAIL NOT COVERED BY COMBINAT	-	185	526	341
				ION OF RECIPIENT, PROVIDER AND		103	320	343
				BENEFIT PACKAGE.				
		8931	4	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404943	ALBEMARLE MENTA	11	43	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	L HEALTH CE							
			<del>                                     </del>					
		79	41		25	157	1837	1680
		79	41	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	25	157	1837	1680
		79	41	THIS SERVICE IS NOT PAYABLE TO	25	157	1837	1680
			41	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	25	157	1837	1680
		79	41	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT	25	157	1837	1680
			41	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	25	157	1837	1680
			41 25	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT	25	157	1837	1680
3404944		8599	25	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	25	157	1837	1680
3404944	EASTPOINTE HUMA		25	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING  PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT	25	157	1837	1680
3404944	EASTPOINTE HUMA N SERVICES	8599	25	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	25	157	1837	1680
3404944		8599	25	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	25	157	1837	1680
3404944		8599	25	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	25	157		
3404944		8599	25	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING  BEOVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND  SENEFIT PACKAGE.	25			1680
3404944		8599	25	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING  BEOVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND  SENEFIT PACKAGE.	25			
3404944		8599 8599 21	25 59 56	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM	25			
3404944		8599	25	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING FROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  THIS SERVICE IS NOT PAYABLE TO	25			
3404944		8599 8599 21	25 59 56	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	25			
3404944		8599 8599 21	25 59 56	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING FROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  THIS SERVICE IS NOT PAYABLE TO	25			
	N SERVICES	8599 8599 21	25 59 56	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	25			
3404944	N SERVICES  POOTHILLS AREAM	8599 8599 21	25 59 56	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	25			
	N SERVICES	8599 8599 21	25 59 56	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	25			
	N SERVICES  POOTHILLS AREAM	8599 8599 21	25 59 56	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	25			
	N SERVICES  POOTHILLS AREAM	8599 8599 21	25 59 56	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	4	161	1008	847
	N SERVICES  POOTHILLS AREAM	8599 8599 21 21	25 59 56 30	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM	25	161	1008	847
	N SERVICES  POOTHILLS AREAM	8599 8599 21 21	25 59 56 30	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING FROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING FROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM	4	161	1008	847
	N SERVICES  POOTHILLS AREAM	8599 8599 21 79 21	25 59 56 30 14579	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	4	161	1008	
	N SERVICES  POOTHILLS AREAM	8599 8599 21 21	25 59 56 30	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  THIS SERVICE IS NOT PAYABLE TO	4	161	1008	847
	N SERVICES  POOTHILLS AREAM	8599 8599 21 79 21	25 59 56 30 14579	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	4	161	1008	847

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL	8518	175	CLAIM DENIED, SUBMITTED BEYOND				
	HEALTH CTR			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		8931	11	AMTNC INELIGIBLE TO RECEIVE SE				
		0331	11		12	223	2240	2017
				RVICES IN IPRS.				
		8505	10	CLAIM DENIED DUE TO INSUFFICIE				
		0303	10	NT BUDGET				<b>_</b>
				NT BUDGET				
								-
3404979	NEW RIVER AREAM	8505	1684	CLAIM DENIED DUE TO INSUFFICIE				-
	H/DD/SA PRO			NT BUDGET				
		8800	18	FURTHER PROCESSING NECESSARY,	1	1706	1932	226
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8518	2	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				